Determining a Medicare Beneficiary's Eligibility for Medicare Preventive Services

September 2005







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Background

Every year, hundreds of thousands of Americans die prematurely from diseases that are preventable through immunization or amendable through early detection, treatment, and lifestyle changes. The good news is that every year the statistics improve. Some of this improvement can be attributed to an increased national focus on early detection and promotion of prevention and screening services.

The Centers for Medicare & Medicaid Services (CMS) recognizes the crucial role that health care providers play in promoting, providing, and educating Medicare patients about these beneficial preventive services and screenings.

To assist health care providers in providing timely preventive services to your Medicare patients, CMS is making preventive services eligibility information available to health care providers through existing Medicare beneficiary eligibility inquiry systems.

This Educational Resource

This educational resource has been developed by CMS to instruct health care providers in how to access and interpret Medicare beneficiary eligibility data for Medicare preventive services.

This educational resource provides information on how to access preventive services eligibility data, how eligibility dates are calculated, and how to interpret the eligibility messages.

For information related to Medicare Preventive Services coverage, documentation or coding guidelines, go to the MLN Preventive Services Educational Resource Web Guide at http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp on the CMS website. This Educational Resource Web Guide contains links to educational information such as publications like *The Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals*, web-based training courses and policy information.

The Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals is a comprehensive guide that provider information for Medicare fee-for-service providers, suppliers, and other health care professionals on preventive services and screenings covered by Medicare. This guide includes information on coverage, coding, billing, and reimbursement to help fee-for-service providers effectively file claims.

Calculation of Medicare Preventive Services Eligibility Date

The eligibility data for Medicare preventive services is available through HIQA, HIQH, HUQA, ELGA, ELGB and ELGH inquiry systems. The next eligible date (if any) will be calculated by the Common Working File (CWF) which is a repository for all Medicare beneficiary utilization data and contains data on the utilization of preventive services.

CWF will use all applicable factors when calculating the next eligible date including:

- Beneficiary demographics (age, sex)
- Beneficiary Part B entitlement status
- Beneficiary Auxiliary files
- Beneficiary risk indicators
- Utilization rules

The CWF shall calculate a next eligible date (if any) for each category of preventive services for a given beneficiary. A category consists of one or more procedure codes with interdependent coverage rules that typically are intended to screen for a particular diseases.

The categories of preventive services where the next eligible date will be available include:

Cardiovascular

- 80061—Lipid Panel (This panel must include: 82465, 83718, and 84478)
- 82465—Cholesterol, serum or whole blood, total
- 83718—Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
- 84478--Triglycerides

Colorectal

- G0104—Colorectal cancer screening; flexible sigmoidoscopy
- G0105—Colorectal cancer screening; colonoscopy on individual at high risk
- G0106—Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema
- G0120—Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema
- G0121—Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
- G0107—Colorectal cancer screening; fecal occult blood test, 1-3 simultaneous determinations
- G0328—Colorectal cancer screening; as an alternative to G0107; fecal occult blood test, immunoassay, 1-3 simultaneous determinations

Diabetes

- 82947—Glucose; quantitative, blood (except reagent strip)
- 82950—Glucose, post glucose dose (includes glucose)
- 82951—Glucose; tolerance test (GTT), three specimens (includes glucose)

Glaucoma

- G0117—Glaucoma screening for high risk patients furnished by an optometrist (physician for Carrier) or ophthalmologist
- G0118—Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist (physician for Carrier) or ophthalmologist Initial Preventive Physical Exam
 - G0344—Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the fist six months of Medicare enrollment
 - G0366—Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report, performed as a component of the initial preventive physical examination
 - G0367— Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report, performed as a component of the initial preventive physical examination
 - G0368— Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only, performed as a component of the initial preventive physical examination

Mammography

- 76092—Screening mammography, bilateral (two view film study of each breast)
- G0202—Screening mammography, producing direct digital image, bilateral, all views. Code Effective 4-1-2001

Pap Test

- Q0091—Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory
- P3000—Screening Papanicolaou smear; cervical or vaginal, up to three smears, by technician under physician supervision
- G0123—Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision
- G0143--Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision
- G0144—Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system under physician supervision
- G0145--Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by automated system and manual rescreening under physician supervision

- G0147—Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision
- G0148-- Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening

Pelvic and Clinical Breast Exam

G0101—Cervical or vaginal cancer screening; pelvic and clinical breast examination

Pneumococcal Pneumonia Vaccine

90732—Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed dosage, for subcutaneous or intramuscular use

Prostate (including separate next eligible dates for digital rectal examination)

G0102—Prostate cancer screening; digital rectal examination

G0103—Prostate cancer screening; prostate specific antigen test (PSA), total

For each next eligible date calculation (including those where there is no next eligible date), CWF generates messages indicating key factors in the calculation. For example, if a procedure is typically covered once in a lifetime and the beneficiary has already had the procedure, the message would tell the provider that the beneficiary already had the service.

Prevention Eligibility Screen Description

In the HIQA, HIQH, HUQA, ELGA, ELGB and ELGH eligibility inquiry screens, all of the available preventive service categories listed above will appear on page 6.

The Inquiry screen on page 6 will list all of the preventive services by category and HCPCS code. Next to each service is a column for the technical component of the service and a column for the professional component of the service.

The preventive services eligibility information appears in four columns. These columns are: preventive services category, HCPCS/CPT code, technical component date, and professional component date.

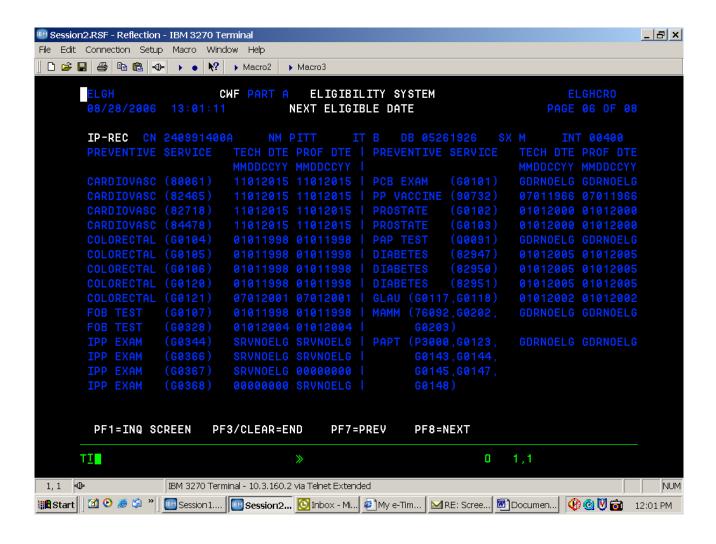
The preventive services category column shows the name of the category and in some cases an abbreviation for the preventive services category. These abbreviations are as follows:

Cardiovascular -CARDIOVASC
Colorectal -COLORECTAL
Fecal Occult Blood Test—FOB TEST
Diabetes --DIABETES
Glaucoma -GLAU
Initial Preventive Physical Examination—IPP EXAM
Mammography--MAMM
Pap Test -PAP TEST or PAPT (depending on the HCPCS code)
Pelvic and clinical breast exam—PCB EXAM
Pneumococcal pneumonia vaccine—PP VACCINE
Prostate -PROSTATE

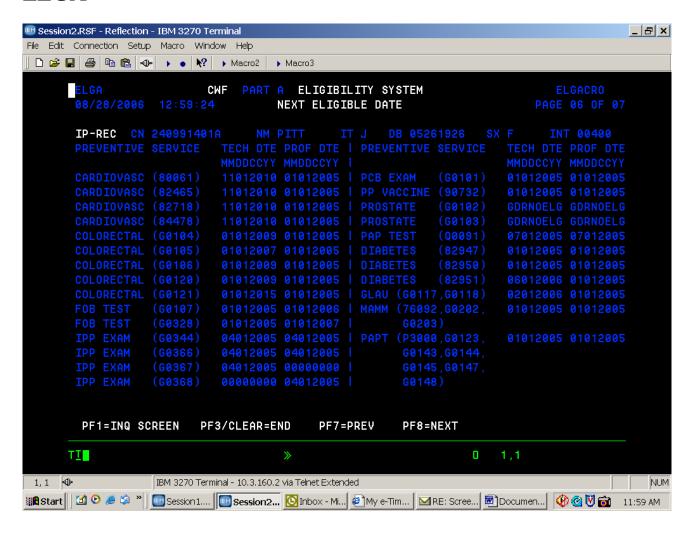
The following pages show examples of screen shots for ELGH, ELGA, ELGB, HIQA and HIQA. The screen appearance for HUQA eligibility system does not appear in this resource as screen format vary between vendors and clearing houses.

Screen Examples

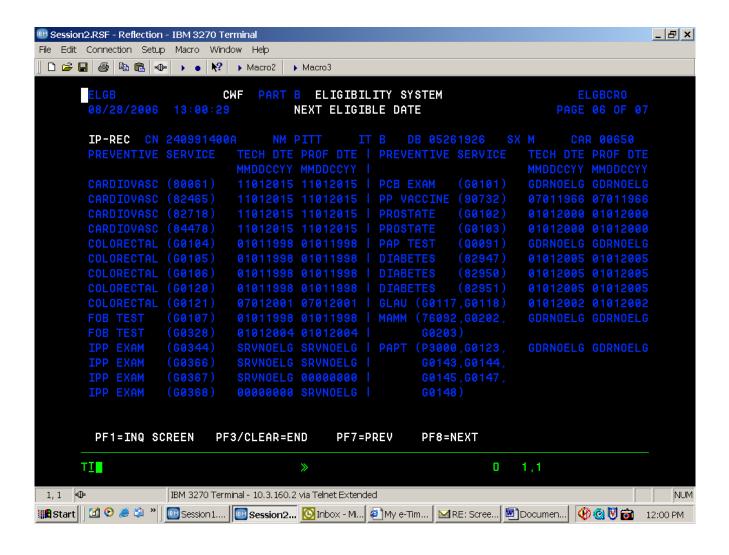
ELGH



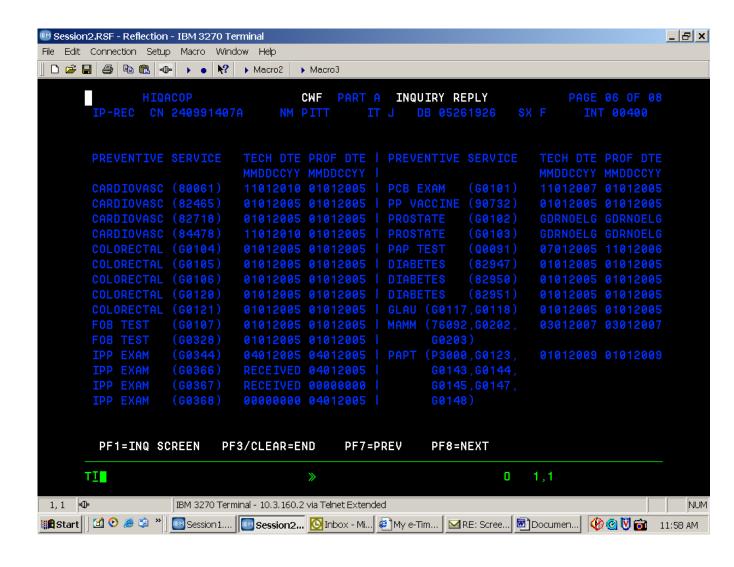
ELGA



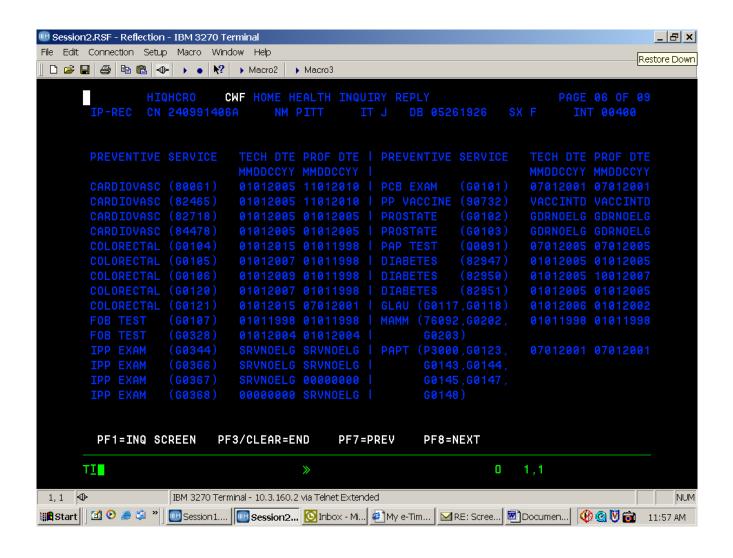
ELGB



HIQA



HIQH



Eligibility Messages

The technical date and professional date fields are used to communicate the eligibility information to the provider. This information can be in the form of the next eligible date or in the form of a message indicating the eligibility status.

The provider must keep in mind that all of the beneficiary preventive services eligibility dates rely on claims history. As claims are processed, the eligibility dates may change so it is important that providers check the eligibility status before providing a service. Not only should a provider check the Medicare eligibility data, they should also:

- Interview the beneficiary about their utilization of Medicare preventive services
- Compare results from the preventive services inquiry and the interview with the beneficiary
- Review Medicare preventive services coverage guidelines
- Evaluate the beneficiary for increased risk of chronic disease that may warrant more frequent Medicare preventive service screenings

It is important for the provider to check not only the preventive services category but also the HCPCS code for the service they are going to provide when checking a beneficiary's Medicare preventive service eligibility. Following these steps will help a provider keep a beneficiary up-to-date on all of their Medicare preventive services screenings.

In some cases, the provider may see that the professional and technical dates differ. This may be due to a difference in when the claims were processed or when the beneficiary received the service. The technical and professional dates may also differ because not all providers will bill for both the technical and professional service or some HCPCS codes do not have either a professional or technical component.

Interpretation of Messages in HIQA, HIQH, ELGA, ELGB, ELGH

For providers using HIQA, HIQH, ELGA, ELGB, ELGH, the eligibility date displays in MMDDCCYY format. The eligibility date display indicates the next date the beneficiary is eligible for that preventive service. In the event that the beneficiary is not eligible for the preventive service, the technical and professional date fields will display an abbreviated message that explains why the beneficiary is not eligible. These abbreviated messages are:

NOPTBENT-Beneficiary Not Entitled to Part B
RECEIVED-Beneficiary Already Received Service
DODNOENT-Beneficiary Not Eligible Due to Date of Death
GDRNOELG-Beneficiary Not Eligible Due to Gender
AGENOELG-Beneficiary Not Eligible Due to Age
SRVNOELG-Beneficiary Not Eligible for the Service
VACCINTD-Beneficiary Already Vaccinated

<u>Interpretation of Messages in HUQA</u>

Providers using HUQA for eligibility status and for some providers, who use vendors or clearing houses, will see a 3-4 digit eligibility message in the technical and professional date or the next eligible date, in Julian format, YYYYDDD. While the calculations for the next eligible date and the messages are the same, the format of the screen may differ between vendors/clearing houses.

Providers receiving inquiry data via the HUQA may see the following messages explaining why the beneficiary is not eligible:

PTB-Beneficiary Not Entitled to Part B RCVD-Beneficiary Already Received Service DOD-Beneficiary Not Eligible Due to Date of Death GDR-Beneficiary Not Eligible Due to Gender AGE-Beneficiary Not Eligible Due to Age SRV-Beneficiary Not Eligible for the Service VAC-Beneficiary Already Vaccinated 0000—Service Not Applicable

Standard Messages and Next Eligible Date Calculations

There are several messages generated by CWF that are not tied into HCPCS codes but use other beneficiary demographic data. These messages apply to all of the Medicare preventive services categories. These messages are:

Beneficiary Not Entitled to Part B (NOPTBENT or PTB)

—this message appears if the beneficiary does not have Medicare Part B or if the beneficiary's next eligible date for the preventive service is after their Medicare Part B termination date.

Beneficiary Not Eligible due to Date of Death (DODNOENT or DOD)

--this message appears when the next eligible date for the preventive service is after the beneficiary's date of death.

The following pages describe the messages a provider may see in addition to the standard messages for a specific Medicare preventive services. It is important to keep in mind that the eligibility date is calculated based on claims payment history which includes other HCPCS codes not specifically part of the HCPCS code for the service the provider intends to provide. When inquiring about a beneficiary's eligibility status for a preventive service, the provider should verify the HCPCS code for the service they intend to provide and follow Medicare coverage guidelines for that service. The Medicare preventive services coverage guidelines can be found on the MLN Preventive Services

Educational Resource Web Guide at

http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp on the CMS website.

<u>Cardiovascular</u>

80061—Lipid Panel (This panel must include: 82465, 83718, and 84478)

82465—Cholesterol, serum or whole blood, total

83718—Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)

84478--Triglycerides

Eligibility date

—If the beneficiary's Medicare Part B effective date is prior to 01/01/2005, the next eligible date for this benefit will be 01/01/2005, however if the beneficiary's effective date is after 01/01/2005, the next eligible date will be the Medicare Part B effective date.

—If the beneficiary has received this service, the next eligible date will be based on Medicare coverage guidelines.

Colorectal

- G0104—Colorectal cancer screening; flexible sigmoidoscopy
- G0105—Colorectal cancer screening; colonoscopy on individual at high risk
- G0106—Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema
- G0120—Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema
- G0121—Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
- G0107—Colorectal cancer screening; fecal occult blood test, 1-3 simultaneous determinations
- G0328—Colorectal cancer screening; as an alternative to G0107; fecal occult blood test, immunoassay, 1-3 simultaneous determinations

Eligibility date

—If the beneficiary's effect date to Medicare Part B is after 01/01/1998, then the next eligible date will be 01/01/1998. On HCPCS G0121 the next eligible date will be 07/01/2001 and for HCPCS G0328 the next eligible date will be 01/01/2004.

—If the beneficiary has received these services, the next eligible date will be based on Medicare coverage guidelines.

Beneficiary Not Eligible Due To Age (AGENOELG or AGE)

--this message appears for when the beneficiary is less than 50 years old and does not meet high risk criteria.

Diabetes

- 82947—Glucose; quantitative, blood (except reagent strip)
- 82950—Glucose, post glucose dose (includes glucose)
- 82951—Glucose; tolerance test (GTT), three specimens (includes glucose)

Eligibility date

- —If the beneficiary's Medicare Part B effective date is prior to 01/01/2005, the next eligible date for this benefit will be 01/01/2005, however if the beneficiary's effective date is after 01/01/2005, the next eligible date will be the Medicare Part B effective date.
- —If the beneficiary has received these services, the next eligible date will be based on Medicare coverage guidelines.

Glaucoma

- G0117—Glaucoma screening for high risk patients furnished by an optometrist (physician for Carrier) or ophthalmologist
- G0118—Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist (physician for Carrier) or ophthalmologist

Eligibility date

- —If the beneficiary's Medicare Part B effective date is prior to 01/01/2002, the next eligible date for this benefit will be 01/01/2002, however if the beneficiary's effective date is after 01/01/2002, the next eligible date will be the effective date.
- —If the beneficiary has received these services, the next eligible date will be based on Medicare coverage guidelines.

Initial Preventive Physical Exam

- G0344—Initial preventive physical examination; ace-to-face visit, services limited to new beneficiary during the fist six months of Medicare enrollment
- G0366—Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report, performed as a component of the initial preventive physical examination
- G0367— Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report, performed as a component of the initial preventive physical examination
- G0368— Electrocardiogram, routine ECG with at least 12 leads; interpretation

and report only, performed as a component of the initial preventive physical examination

Eligibility date

- —If the beneficiary's Medicare Part B effective date is after 01/01/2005, the next eligible date will be the Medicare Part B effective date.
- —If the beneficiary's Medicare Part B effective date is between 1/1/2005 through 3/31/2005, then the next eligible date will always be 4/1/2005 and not the Medicare Part B effective date.

Beneficiary Not Eligible for Service (SRVNOELG or SRV)

--this message will be displayed when the beneficiary's Part B effective date is prior to 01/01/2005.

Beneficiary Already Received the Service (RECEIVED or RCVD)

--this message will be displayed when a claim with the HCPCS codes has been billed.

Service Not Applicable (00000000 or 000)

--this message will be displayed for the Professional component of HCPCS G0367 and the Technical component of HCPCS G0368.

Mammography

- 76092—Screening mammography, bilateral (two view film study of each breast)
- G0202—Screening mammography, producing direct digital image, bilateral, all views. Code Effective 4-1-2001
- G0203 ---Screening mammography , film processed to produce digital image analyzed for POTE. Code Effective 4-1-2001 and Terminated 3-31-2002

Eligibility date

- —If the beneficiary's Medicare Part B effective date is prior to 01/01/1998, the next eligible date for this benefit will be 01/01/1998, however if the beneficiary's effective date is after 01/01/1998, the next eligible date will be the Medicare Part B effective date.
- —If the beneficiary has received these services, the next eligible date will be based on Medicare coverage guidelines.

Beneficiary Not Eligible Due to Gender (GDRNOELG or GDR)

--this message will be displayed if the beneficiary's gender is male.

Beneficiary Not Eligible Due to Age (AGENOELG or AGE)

-- this message will be displayed if the beneficiary's age is under 35.

Beneficiary Already Received the Service (RECEIVED or RCVD)

--this message will be displayed when the beneficiary is between 35 and 39 and mammography already billed.

Pap Test

- Q0091—Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory
- P3000—Screening Papanicolaou smear; cervical or vaginal, up to three smears, by technician under physician supervision
- G0123—Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision
- G0143--Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision
- G0144—Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system under physician supervision
- G0145--Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by automated system and manual rescreening under physician supervision
- G0147—Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision
- G0148-- Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening

Eligibility date

- —For HCPCS Q0091--If the beneficiary's Medicare Part B effective date is prior to 07/01/2005, the next eligible date for this benefit will be 07/01/2005, however if the beneficiary's effective date is after 07/01/2005, the next eligible date will be the Medicare Part B effective date.
- —If the beneficiary has received these services, the next eligible date will be based on Medicare coverage guidelines.

Beneficiary Not Eligible Due to Gender (GDRNOELG or GDR) -- this message will be displayed if the beneficiary's gender is male.

—For HCPCS P3000, G0123, G0143, G0144, G0145, G0147 or G0148 --If the beneficiary's Medicare Part B effective date is prior to 07/01/2001, the next eligible date for this benefit will be 07/01/2001, however if the beneficiary's effective date is after 07/01/2001, the next eligible date will be the Medicare Part B effective date.

—If the beneficiary has received these services, the next eligible date will be based on Medicare coverage guidelines.

Beneficiary Not Eligible Due to Gender (GDRNOELG or GDR) -- this message will be displayed if the beneficiary's gender is male.

Pelvic and Clinical Breast Exam

G0101—Cervical or vaginal cancer screening; pelvic and clinical breast Examination

Eligibility date

—If the beneficiary's Medicare Part B effective date is prior to 07/01/2001, the next eligible date for this benefit will be 07/01/2001, however if the beneficiary's effective date is after 07/01/2001, the next eligible date will be the Medicare Part B effective date.

—If the beneficiary has received these services, the next eligible date will be based on Medicare coverage guidelines.

Beneficiary Not Eligible Due to Gender (GDRNOELG or GDR)

--this message will be displayed if the beneficiary's gender is male.

Pneumococcal Pneumonia Vaccine

90732—Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed dosage, for subcutaneous or intramuscular use

Eligibility date

—This service is allowed on or after the beneficiary's Medicare Part B effective date.

Beneficiary Already Vaccinated (VACCINTD or VAC)

—this message will be displayed if the beneficiary has already received the Pneumococcal Pneumonia Vaccine.

Prostate (including separate next eligible dates for digital rectal examination)

G0102—Prostate cancer screening; digital rectal examination

G0103—Prostate cancer screening; prostate specific antigen test (PSA), total

Eligibility date

- —If the beneficiary's Medicare Part B effective date is prior to 01/01/2000, the next eligible date for this benefit will be 01/01/2000, however if the beneficiary's effective date is after 01/01/2000, the next eligible date will be the Medicare Part B effective date.
- —If the beneficiary has received these services, the next eligible date will be based on Medicare coverage guidelines.

Beneficiary Not Eligible Due to Gender (GDRNOELG or GDR) -- this message will be displayed if the beneficiary's gender is female.

Beneficiary Not Eligible Due To Age (AGENOELG or AGE)

--this message will be displayed if the beneficiary's date of birth is less than 50 years old + 1 day.

It is very important that health care providers interpret this eligibility information correctly and verify the information with the patient. The preventive services information available through this system is only as accurate as the health care claims processed. Health care providers should verify information with their Medicare beneficiaries. By making this eligibility information available to health care providers, providers and beneficiaries can work together to keep up-to-date on these important preventive services.

